

NOV 30 2004

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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
MAIL STOP AMENDMENT	Kenneth F. Smolik
COMPANY:	DATE:
USPTO	November 30, 2004
FAX NO.:	TOTAL NO. OF PAGES: (Including cover sheet)
(703) 872-9306	24
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.:
10/806,983	005222.00210
RE:	In re: Appln. Bajer et al. Appln. No. 10/806,983 Filed: March 23, 2004 For: Computer Enabled Training of a User to Validate Assumptions

OFFICIAL FAX

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COMMENTS:

AMENDMENT

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PT 2/SB/21 02-04

Approved for use through 07/31/2008. JMB 0621-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/806,983
	Filing Date	March 23, 2004
	First Named Inventor	Javier Bajer
	Art Unit	3713
	Examiner Name	Christman, Kathleen
Total Number of Pages in This Submission	Attorney Docket Number	005222.002 0

ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Facsimile Cover Sheet		
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to debit or credit any overpayment or deficiency to Deposit Account No. 19-0733.</td> </tr> </table> <p>A duplicate of the fee sheet is enclosed.</p>			Remarks	The Commissioner is authorized to debit or credit any overpayment or deficiency to Deposit Account No. 19-0733.
Remarks	The Commissioner is authorized to debit or credit any overpayment or deficiency to Deposit Account No. 19-0733.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kenneth F. Smolik Reg. No. 44,344
Signature	<i>Kenneth F. Smolik</i>
Date	November 30, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kenneth F. Smolik		
Signature	<i>Kenneth F. Smolik</i>	Date	November 30, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120

Complete if Known

Application Number	10/806,983
Filing Date	March 23, 2004
First Named Inventor	Javier Bajar
Examiner Name	Christman, Kathleen M.
Art Unit	3713
Attorney Docket No.	005222.00210

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number
19-0733

Deposit Account Name
Banner & Witcoff, LTD.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) or any underpayment of fee(s)
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	650	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
20**	0	0	0
Independent Claims	3**	0	0
Multiple Dependent			0

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or cash	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for examination	
1804	920*	1804	920*	Requesting publication of SIP prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIP after Examiner action	
1251	110	2251	55	Extension fee - reply within first month	
1252	430	2252	215	Extension fee - reply within second month	
1253	980	2253	490	Extension fee - reply within third month	
1254	1,530	2254	765	Extension fee - reply within fourth month	
1255	2,080	2255	1,040	Extension fee - reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissions	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (g)	
1808	180	1808	180	Submission of information on closure limit	
8021	40	8021	40	Recording each patent assignment per property (three number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) Terminal Disclaimer

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 120

SUBMITTED BY

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Registration No. (Attorney/Agent)

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Complete if applicable